

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000008059

Entity Name: VIVAMAS MEDICAL CENTER - HIALEAH, LLC

Current Principal Place of Business:

5775 BLUE LAGOON DR STE 450
MIAMI, FL 33126

Current Mailing Address:

1565 W 29TH ST
HIALEAH, FL 33012 US

FEI Number: 85-2761863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title SOLE MEMBER
Name VIVAMAS DELIVERY NETWORK, LLC
Address 9000 NW 15TH ST
 UNITS 6 & 7
City-State-Zip: DORAL FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVAMAS DELIVERY NETWORK, LLC

SOLE MEMBER

04/28/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date